FETAL GROWTH RESTRICTION (336)

PARTICIPANT TYPE……**PREGNANT**
HIGH RISK……**NO**

RISK DESCRIPTION:

Fetal growth restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height and abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.

Presence of fetal growth restriction diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

ASK ABOUT:

- Prepregnancy weight and weight gain status
- Knowledge and attitudes about weight gain
- Maternal smoking
- Common problems of pregnancy affecting appetite (nausea, vomiting, heartburn) and her coping strategies
- Medical conditions and medications that may affect appetite and recent illnesses
- Typical eating pattern including meals and snacks
- Health care provider's instructions about diet and weight gain
- Household and family environment including financial and emotional stresses, attitude and acceptance about the pregnancy, family and social support
- Access to prenatal care
- Food security status of the household

NUTRITION COUNSELING/EDUCATION TOPICS:

- Fetal growth restriction (FGR) replaces the term Intrauterine Growth Retardation (IUGR). FGR is associated with a low prepregnancy weight, low pregnancy weight gain, short birth intervals, and maternal smoking.
- FGR usually leads to low birthweight which is the strongest indicator of perinatal mortality risk. Severely growth restricted infants are at increased risk of hypoglycemia, polycythemia, cerebral palsy, anemia, bone disease, birth asphyxia, and long term neurocognitive complications. FGR may also lead to increased risk of ischemic heart disease, hypertension, obstructive lung disease, diabetes mellitus, and death from cardiovascular disease in adulthood.

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NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Review her weight gain pattern and discuss an appropriate weight gain goal based on her prepregnancy BMI. Explain that an adequate weight during the 2nd and 3rd trimesters is an important factor in having a healthy baby.
- Review the basics of a healthy pregnancy diet using MyPyramid as a guide. Make appropriate suggestions based on her typical eating pattern such as:
  - Eat an adequate number of servings and amounts from each food group.
  - Include some calorie-dense foods in the diet.
  - Identify strategies to increase the caloric-density of the diet including adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients.
  - Replace calorie-free foods with nutrient-dense food choices that provide calories. Restrictive eating patterns will not provide adequate calories for pregnancy weight gain.
  - Eat small meals and often (five or six smaller meals rather than two or three large meals.
- Explore additional strategies for dealing with common problems of pregnancy that affect her appetite and food intake.
- If she seems reluctant to gain weight, remind her that the weight gain is for more than the baby's weight. Some of the weight gain is due to increased maternal blood volume, breast tissue, fat stores, and amniotic fluid.
- Maternal smoking has been linked to fetal growth restriction (FGR). It also affects her nutrient status and interferes with dietary intake. Encourage her to stop smoking or at least cut back on the number of cigarettes she smokes per day.

POSSIBLE REFERRALS:

- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (http://www.ndhealth.gov/opop/), or the local public health department.
- If access to sufficient food is a concern, refer to other food assistance programs such as SNAP, local food pantry, etc.
- If the household and family situation is so stressful that it affects her ability to care for herself and consume a healthy diet, refer her to the Optimal Pregnancy Outcome Program (OPOP) (http://www.ndhealth.gov/opop/) or a social services agency.
- If she smokes and is interested in cutting back or stopping, refer her to community smoking cessation programs and/or the North Dakota Tobacco Quitline (http://www.ndhealth.gov/tobacco/quitline.htm) at 1-800-QUIT-NOW or 1-800-784-8669 (1-866-257-2971 for the hearing impaired) or North Dakota QuitNet at http://www.ndhealth.gov/tobacco/quitnet.htm.